24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				
WEST MAIN STREET VALUES PAC INC	C C00543157			
	0 00040107			
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
Google	04			
Mailing Address 1600 Amphitheatre Pkwy	Amount			
City State	Zip Code 500.00			
Mountain View CA	94043 Transaction ID : SE.4331 Date of Disbursement or Obligation			
Purpose of Expenditure IE-Graham-Online Ads	Category/ Type 004 04 14 2014			
Name of Federal Candidate	Support Office Sought: House District: 00			
LINDSEY O GRAHAM	Oppose President Senate State: SC			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee Google	Date of Public Distribution/Dissemination			
Mailing Address 1600 Amphitheatre Pkwy	04 01 2014			
Mailing Address 1600 Amphitheatre Pkwy	Amount			
City State	Zip Code 268.00			
Mountain View CA	94043 Transaction D : SE.4326 Date of Disbursement or Obligation			
Purpose of Expenditure IE-Graham-Online Ads	Category/ Type 004 05 13 / 2014			
Name of Federal Candidate	Support Office Sought: House District: 00			
LINDSEY O GRAHAM	Oppose President Senate State: SC			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(c) OURTOTAL of Heaviered belonged by Freeze Viscous	700.00			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	······································			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Le Price	Electronically Filed] Date 05 20 2014			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WEST MAIN STREET VALUES PAC INC C00543157 X 48-hour report 24-hour report X New report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination Kickstand Studio 04 01 2014 Mailing Address 1520 Main St., #1D Amount State Zip Code 4012.50 City SC 29201 Transaction ID: SE.4327 Columbia Date of Disbursement or Obligation Purpose of Expenditure Category/ IE-Graham-Online Ad Production (paid 1/17/14) 004 04 01 2014 Type Name of Federal Candidate 00 X Support Office Sought: District: House LINDSEY O GRAHAM SC Oppose President X Senate State: Primary Disbursement For: General Calendar Year-To-Date 4012.50 2014 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Starboard Communications 18 2014 Mailing Address 1043 Barr Rd. Amount 71800.00 City State Zip Code SC Transaction ID: SE.4315 29072 Lexington Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 IE-Graham-Media Buy 2014 05 15 Type Name of Federal Candidate 00 **X** Support Office Sought: House District: LINDSEY O GRAHAM SC Oppose Senate President State: Disbursement For: X Primary General Calendar Year-To-Date 84880.50 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 75812.50 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Le Price [Electronically Filed] 05 20 2014 Date Signature

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48			
	NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
۷۱	/EST MAIN STREET VALUES PAC INC	C C00543157			
Check if 24-hour report					
٦	Full Name of Payee	Date of Public Distribution/Dissemination			
	Starboard Communications	05 16 2014			
	Mailing Address 1043 Barr Rd.	Amount			
	City State Zip Code	1000.00			
	Lexington SC 29072	Transaction ID : SE.4329 Date of Disbursement or Obligation			
	Purpose of Expenditure IE-Graham-Phone Banks-Estimate Category/ Type 004	05 16 7 2014			
	Name of Federal Candidate Support Office	Sought: House District: 00			
	LINDSEY O GRAHAM Oppose	President Senate State: SC			
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For:			
	Full Name of Payee Starboard Communications	Date of Public Distribution/Dissemination 04 02 7 10 10 10 10 10 10 10 10 10			
	Mailing Address 1043 Barr Rd.	Amount			
1	City State Zip Code	1852.05			
		Transaction ID : SE.4330 Date of Disbursement or Obligation			
	Purpose of Expenditure IE-Graham-Online Email Blast Category/ Type 004	05 / 20 / 2014			
1	Name of Federal Candidate Support Office	Sought: House District: 00			
	LINDSEY O GRAHAM Oppose	President Senate State: SC			
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Le Price [Electronically Filed] Date 05	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Signature				

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) WEST MAIN STREET VALUES PAC INC	FEC IDENTIFICATION NUMBER ▼			
WEST MAIN STREET VALUES FACTING	C C00543157			
Check if 24-hour report X 48-hour report New report Amends report filed on				
	f Public Distribution/Dissemination			
	05 18 2014			
Mailing Address 448 W. Nationwide Blvd Amoun	ıt			
Ste. 106 City State Zip Code	8300.00			
Columbus OH 43215 Transa	action ID : SE.4316			
Purpose of Expenditure Category/	f Disbursement or Obligation M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	D			
Name of Federal Candidate Support Office Sought: LINDSEY O GRAHAM Oppose Presider				
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 2014	For: Primary General			
	her (specify)			
	f Public Distribution/Dissemination			
Mailing Address Amoun	nt			
City State Zip Code				
	(P: 1			
Purpose of Expenditure Category/ Type Date o	of Disbursement or Obligation			
Name of Federal Candidate Support Office Sought	t: House District:			
Oppose Preside	ent Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbursement	t For: Primary General			
, , , , , , , , , , , , , , , , , , ,	Tier (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	87732.55			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Le Price [Electronically Filed] Date 05	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				